

FILED MAR 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **8845**

BIRTH NO. _____		REG. DIST. NO. 132		PRIMARY REG. DIST. NO. 3021		Registrar's No. 53	
1. PLACE OF DEATH a. COUNTY GRUNDY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE KANSAS b. COUNTY WYANDOTTE			
b. CITY (If outside corporate limits, write RURAL and give town) TRENTON		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN KANSAS CITY		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 110 Linn St.				No. STREET ADDRESS (If rural, give location) 1147 Rowland St. 1508			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) WALTER	b. (Middle) GREENLEE		c. (Last) COOPER		Month Mar.	Day 24	Year 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH April 13, 1874		9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pharmacist		10b. KIND OF BUSINESS OR INDUSTRY DRUGS		11. BIRTHPLACE (City and State or Foreign Country) SAVANNAH, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME J.P. COOPER			13b. MOTHER'S MAIDEN NAME MARJOY GREENLEE		14. NAME OF HUSBAND OR WIFE FLOYA COOPER (Dec)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No Rec		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. CARL RODA TRENTON, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Leukemia DUE TO (c) Generalized arteriosclerosis					5 days Unknown	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 6000				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from March 1, 1956 , to March 24, 1956 , that I last saw the deceased alive on March 24, 1956 , and that death occurred at 2:00 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) David M. Witter, M.D.			23b. ADDRESS 1300 Main St. Trenton, Mo.			23c. DATE SIGNED March 25, 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVED BY BURIAL		24b. DATE MAR 26, 1956	24c. NAME OF CEMETERY OR CREMATORY SAVANNAH CEMETERY		24d. LOCATION (City, town, or county) (State) SAVANNAH MISSOURI		
DATE REC'D BY LOCAL REG. 3-26-56		REGISTRAR'S SIGNATURE Drew Fawcett		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John Blackburn Trenton, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

150

MAR 23 1957

NOV 26 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Claude H Crandall Jr.*

Licensed Embalmer No. *498*

P. O. Address *Leicester, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.